

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bully Pulpit Interactive LLC</b>		Date of Public Distribution/Dissemination 10 / 05 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 1000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D633873
Purpose of Expenditure GOTV - online advertising		Category/Type	Date of Disbursement or Obligation 10 / 05 / 2016
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bully Pulpit Interactive LLC</b>		Date of Public Distribution/Dissemination 10 / 07 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 7497.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D634483
Purpose of Expenditure GOTV - online advertising		Category/Type	Date of Disbursement or Obligation 10 / 07 / 2016
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8497.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

10 / 10 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bully Pulpit Interactive LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 07 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW Ste 800</b>		Amount <b>2499.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634484</b>
Purpose of Expenditure <b>GOTV - online advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>	
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>63244.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>850.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634533</b>
Purpose of Expenditure <b>Phones - staff time</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>Masto, Catherine Cortez, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1042.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2499.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

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Date

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**10 / 10 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>679.78</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634534</b>
Purpose of Expenditure <b>Phones - staff time</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>Hassan, Margaret, Wood, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1029.78</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>679.78</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634535</b>
Purpose of Expenditure <b>Phones - staff time</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>McGinty, Kathleen, Alana, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1029.78</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>250.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634536</b>
Purpose of Expenditure <b>Phones - staff time</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>Murphy, Patrick, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>337.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>192.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634550</b>
Purpose of Expenditure <b>Phones - equipment</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>Masto, Catherine Cortez, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1042.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Rinefierd, James, , Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 350.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D634552
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2016	
Name of Federal Candidate Hassan, Margaret, Wood, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1029.78	

Full Name of Payee <b>Human Rights Campaign</b> <input checked="" type="checkbox"/>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 350.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D634554
Purpose of Expenditure Phones - equipment	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2016	
Name of Federal Candidate McGinty, Kathleen, Alana, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1029.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**(Schedule E)**

PAGE 6 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign Equality Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00508440	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b> <b>X</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>87.50</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D634556</b>
Purpose of Expenditure <b>Phones - equipment</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>	
Name of Federal Candidate <b>Murphy, Patrick, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>337.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>10996.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rinefierd, James, , Mr.,*
*[Electronically Filed]*

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**10 / 10 / 2016**

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